

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

MCCULLOCH FOR CONGRESS

ADDRESS (number and street)
▼

PO BOX 1064

Check if different
than previously
reported. (ACC)

BATON ROUGE

LA

70821

2. FEC IDENTIFICATION NUMBER ▼

C

C00557728

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

LA

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2014

through

M M / D D / Y Y Y Y
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CALEB CROSBY

Signature of Treasurer

CALEB CROSBY

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 21

Write or Type Committee Name

MCCULLOCH FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	33595.00	33595.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	33595.00	33595.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27015.48	27015.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	27015.48	27015.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	106579.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	100000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 21

Write or Type Committee Name

MCCULLOCH FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2014

To:

M M / D D / Y Y Y Y
03 / 31 / 2014

I. RECEIPTS

COLUMN A Total This Period

COLUMN B Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

31185.00

31185.00

(ii) Unitemized.....

1410.00

1410.00

(iii) TOTAL of contributions
from individuals ▶

32595.00

32595.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs).....

1000.00

1000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

33595.00

33595.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

100000.00

100000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

100000.00

100000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

133595.00

133595.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27015.48	27015.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	27015.48	27015.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	133595.00
25. SUBTOTAL (add Line 23 and Line 24).....	133595.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27015.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	106579.52

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

GREGORY L ALLEN

A.

Mailing Address 6517 COMITE DRIVE

City

BAKER

State

LA

Zip Code

70714

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLEN & ASSOCIATESOccupation
APPRAISER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

290.00

Full Name (Last, First, Middle Initial)

DAVID C ALMOND

B.

Mailing Address 1246 HOLLY DR

City

SLAUGHTER

State

LA

Zip Code

70777

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

MONA M ALMOND

C.

Mailing Address 1246 HOLLY DR

City

SLAUGHTER

State

LA

Zip Code

70777

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4290.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

GARY W BARBARO

Mailing Address 1000 GIUFFRIAS ST

City

METAIRRIE

State

LA

Zip Code

70001

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

SALES

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

SHANNON BEADLE

Mailing Address 2411 S TURNBERRY AVE

City

ZACHARY

State

LA

Zip Code

70791

FEC ID number of contributing
federal political committee.

C

Name of Employer

ZACHARY COMMUNITY SCHOOLS

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

LEONARD A BENJAMIN

Mailing Address 14441 PLANK RD, SUITE B

City

BAKER

State

LA

Zip Code

70714

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE FARM INSURANCE

Occupation

AGENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCULLOCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CHARLES BOLOTTE			Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 141 HWY 402			Transaction ID : SA11AI.4154	
City	State	Zip Code		
NAPOLEONVILLE	LA	70390		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF EMPLOYED		Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) LESLIE C CHAUVIN			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1855 STUART AVE			Transaction ID : SA11AI.4242	
City	State	Zip Code		
BATON ROUGE	LA	70808		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 750.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00		
C. Full Name (Last, First, Middle Initial) CHRISTINE S COX			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 16302 PELICAN BEACH LANE			Transaction ID : SA11AI.4241	
City	State	Zip Code		
HOUSTON	TX	77044		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer HOMEMAKER		Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....			2000.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

CRISTEL F CRAIN**A.**

Mailing Address 8013 HIGHWAY 10

City

ETHEL

State

LA

Zip Code

70730

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIGNATURE AUTOPLEX

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period

580.00

Full Name (Last, First, Middle Initial)

KIM DENSON**B.**

Mailing Address PO BOX 797

City

ZACHARY

State

LA

Zip Code

70791

FEC ID number of contributing
federal political committee.

C

Name of Employer

DENSON ADVERTISING & PROMOTION

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period

250.00

DENSON ADVERTISING

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

DENSON ADVERTISING & PROMOTION**C.**

Mailing Address PO BOX 797

City

ZACHARY

State

LA

Zip Code

70791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

250.00

SEE ATTRIBUTION MEMO

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

830.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

D'ETTE F DUCOTE

A.

Mailing Address 10263 JORROSON LANE

City

ETHEL

State

LA

Zip Code

70730

FEC ID number of contributing
federal political committee.

C

Name of Employer

ZACHARY COMMUNITY SCHOOLS

Occupation

COORDINATOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

JEREMY FARRIEL

B.

Mailing Address 16450 JOOR ROAD

City

ZACHARY

State

LA

Zip Code

70791

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEMCO

Occupation

ADMINISTRATOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

CLAY FLETCHER

C.

Mailing Address 2568 TOM DR

City

SLAUGHTER

State

LA

Zip Code

70777

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENTERGY

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 21
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCCULLOCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) ALAN B GREGORY			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO BOX 1340			Transaction ID : SA11AI.4240	
City	State	Zip Code	Amount of Each Receipt this Period 500.00	
ZACHARY	LA	70791		
FEC ID number of contributing federal political committee.		C		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) L. LANE GRIGSBY			Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address PO BOX 104			Transaction ID : SA11AI.4198	
City	State	Zip Code	Amount of Each Receipt this Period 2600.00	
BATON ROUGE	LA	70821		
FEC ID number of contributing federal political committee.		C		
Name of Employer CAJUN INDUSTRIES LLC		Occupation CHAIRMAN OF THE BOARD		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		
C. Full Name (Last, First, Middle Initial) GHAASSAN A HANTASH			Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 2235 W GEORGE ST			Transaction ID : SA11AI.4180	
City	State	Zip Code	Amount of Each Receipt this Period 500.00	
ZACHARY	LA	70791		
FEC ID number of contributing federal political committee.		C		
Name of Employer CACTUS CAF		Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			3600.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

SAM JOHNSON

A.

Mailing Address PO BOX 593

City

ZACHARY

State

LA

Zip Code

70791

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE FARM INSURANCE

Occupation

AGENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 26 2014

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

FRANCES R MCCULLOCH

B.

Mailing Address 3420 SANDY DR

City

BAKER

State

LA

Zip Code

70714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y
03 26 2014

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

FRANCES R MCCULLOCH

C.

Mailing Address 3420 SANDY DR

City

BAKER

State

LA

Zip Code

70714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

G. ALLEN PENNIMAN Jr

Mailing Address 123 SUNSET BLVD

City

BATON ROUGE

State

LA

Zip Code

70808

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

GLENN A RIVETTE

Mailing Address 3730 JOLLY DR

City

BATON ROUGE

State

LA

Zip Code

70808

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

GLENN A RIVETTE

Mailing Address 3730 JOLLY DR

City

BATON ROUGE

State

LA

Zip Code

70808

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5575.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

ALLISON W SIMPSON

Mailing Address 422 DAY DR

City

BAKER

State

LA

Zip Code

70714

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period

290.00

Full Name (Last, First, Middle Initial)

PAMELA L SPENCER

Mailing Address 25432 RENEE COURT

City

JACKSON

State

LA

Zip Code

70748

FEC ID number of contributing
federal political committee.

C

Name of Employer

OFFICE DIRECT

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ROBERT G TEMPLET

Mailing Address 12832 MORGAN MEADOW AVE

City

BATON ROUGE

State

LA

Zip Code

70818

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1290.00

31185.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MCCULLOCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT DAVID MCDAVID

Mailing Address PO BOX 1186

City	State	Zip Code
ZACHARY	LA	70791

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2014

Transaction ID : SA11C.4248

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL KNAPS CAMPAIGN FUND

Mailing Address 2209 DEBRA DR

City	State	Zip Code
BAKER	LA	70714

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2014

Transaction ID : SA11C.4246

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MCCULLOCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CRAIG MCCULLOCH		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		28		2014
M M	/	D D	/	Y Y Y Y									
02		28		2014									
Mailing Address 10251 JORROSON LANE		Transaction ID : SA13A.4208											
City ETHEL	State LA	Zip Code 70730	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>50000.00</td> </tr> </table>					50000.00					
				50000.00									
FEC ID number of contributing federal political committee. C H4LA06146													
Name of Employer BAKER PHYSICAL THERAPY CLINIC	Occupation PHYSICAL THERAPIST												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>50000.00</td> </tr> </table>							50000.00					
				50000.00									

B. Full Name (Last, First, Middle Initial) CRAIG MCCULLOCH		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		25		2014
M M	/	D D	/	Y Y Y Y									
03		25		2014									
Mailing Address 10251 JORROSON LANE		Transaction ID : SA13A.4209											
City ETHEL	State LA	Zip Code 70730	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>50000.00</td> </tr> </table>					50000.00					
				50000.00									
FEC ID number of contributing federal political committee. C H4LA06146													
Name of Employer BAKER PHYSICAL THERAPY CLINIC	Occupation PHYSICAL THERAPIST												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>100000.00</td> </tr> </table>							100000.00					
				100000.00									

C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> </tr> </table>										
FEC ID number of contributing federal political committee. C													
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> </tr> </table>												

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="4"></td> <td>100000.00</td> </tr> </table>					100000.00
				100000.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="4"></td> <td>100000.00</td> </tr> </table>					100000.00
				100000.00		

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CROSS STRATEGIES

Mailing Address 13819 OAK BEND DR.

City	State	Zip Code
BAKER	LA	70714

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 17 / 2014

Amount of Each Disbursement this Period

226.48

Transaction ID : SB17.4118

B. CROSS STRATEGIES

Mailing Address 13819 OAK BEND DR.

City	State	Zip Code
BAKER	LA	70714

Purpose of Disbursement
DIRECT MAIL, PRINTING & POSTAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 21 / 2014

Amount of Each Disbursement this Period

15721.00

Transaction ID : SB17.4119

C. EAUX FILMS, LLC

Mailing Address 131716 SHADY HOLLOW

City	State	Zip Code
DENHAM SPRINGS	LA	70726

Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 28 / 2014

Amount of Each Disbursement this Period

1900.00

Transaction ID : SB17.4121

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17847.48

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 21

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4208

MCCULLOCH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CRAIG MCCULLOCH

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10251 JORROSON LANE

City

State

ZIP Code

ETHEL

LA

70730

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 28 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 21

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4209

MCCULLOCH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CRAIG MCCULLOCH

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10251 JORROSON LANE

City

State

ZIP Code

ETHEL

LA

70730

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y
03 / 25 / 2014

Date Due

M M / D D / Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.